

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Silviu Itescu
 Serial No. : 10/693,480 Examiner: B.E. Bunner
 Filed : April 23, 2002 Group Art Unit: 1635
 For : REGENERATION OF ENDOGENOUS MYOCARDIAL TISSUE

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: November 10, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	9 -	* 20 =	*** 0 X	\$26	\$52	= 0	
Independent Claims	1 -	** 5 =	*** 0 X	\$110	\$220	= 0	
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$195	\$390	= 0	
				TOTAL ADDITIONAL FEE \$ 0			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

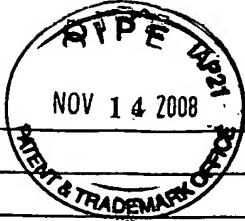
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter

Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No _____
and a fee of \$ 180.00 included)

A Petition for an Extension of Time, including a fee of
\$ 555.00 for a Petition for 3 Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ 735.00.

A check in the amount of \$ 735.00 is enclosed.

Please charge Deposit Account No. _____ in the amount of
\$ _____.

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

John P. White 11/10/08

John P. White
Reg. No. 28,678

Date